

**MONTANA BOARD OF MEDICAL EXAMINERS**

PO Box 200513

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Helena, Montana 59620-0513

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**VERIFICATION OF LICENSURE**

*THIS IS NOT AN ENDORSEMENT CERTIFICATION*

**PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS AN EMERGENCY MEDICAL TECHNICIAN. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.**

**STATE BOARD:** I am applying for a license to practice as an EMT in the State of Montana. The Medical Board requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, DIRECTLY to the BOARD OF MEDICAL EXAMINERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513. Your early response is appreciated.

Name: \_\_\_\_\_  
(Signature) (Please print)

Address: \_\_\_\_\_

My License Number is: \_\_\_\_\_

**DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF MEDICAL EXAMINERS**

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

License is current? ☐ Yes ☐ No If NO, explain \_\_\_\_\_

Has license been suspended, revoked, placed on probation or otherwise disciplined?

☐ Yes ☐ No, If YES, explain and attach documentation

Has licensee ever been requested to appear before your Board? ☐ Yes ☐ No

If YES, explain \_\_\_\_\_

Derogatory information, if any: \_\_\_\_\_

Comments, if any: \_\_\_\_\_

Board Seal

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_ Date: \_\_\_\_\_